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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

| PLACE OF DEATH | | ARIZONA STATE BOARD OF HEALTH | |
|---|---|---|--|
| BUREAU OF VITAL STATISTICS | | State Index No. <u>128</u> | |
| County <u>Gila</u> | District <u>Globe</u> | ORIGINAL CERTIFICATE OF DEATH | |
| Town Or City <u>Globe</u> | | County Registered No. <u>28</u> | |
| No. <u>South End of RR Road</u> | | Local Registrar's No. _____ | |
| (If death occurred in a Hospital or Institution, give its NAME instead of street and number.) | | | |
| FULL NAME <u>Harry Lee</u> | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
| SEX <u>Male</u> | Color or Race <u>White</u> Indian Black Chinese Mexican | DATE OF DEATH <u>January 22</u> 191 <u>8</u> | |
| SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/> | | (Month) (Day) (Year) | |
| DATE OF BIRTH <u>July 13</u> 187 <u>3</u> | | I hereby certify, that I attended deceased from _____ | |
| (Month) (Day) (Year) | | 191____ to _____ 191____; that I last saw h_____ alive | |
| AGE <u>44</u> yrs. <u>8</u> mos. <u>9</u> days hrs., or _____ min. | | on _____ 191____, and that death occurred on the date | |
| OCCUPATION <u>RR Road Master</u> | | stated above at _____ M. The DISEASE or INJURY causing | |
| (a) Trade, profession or particular kind of work | | Death was as follows: <u>Struck by Car</u> | |
| (b) General nature of industry, business, or establishment in which employed or (employer) | | <u>in Arizona Eastern Road</u> | |
| BIRTHPLACE (State or country) <u>Pennsylvania</u> | | (Duration) _____ yrs. _____ mos. _____ days | |
| NAME OF FATHER <u>Charles Lee</u> | | Was disease contracted in Arizona? _____ | |
| BIRTHPLACE OF FATHER (State or Country) <u>Indiana</u> | | If not, where? _____ | |
| MAIDEN NAME OF MOTHER <u>Emily Jackson</u> | | CONTRIBUTORY _____ | |
| BIRTHPLACE OF MOTHER (State or Country) <u>Pennsylvania</u> | | (Duration) _____ yrs. _____ mos. _____ days | |
| The Above Is True to the Best of My Knowledge (Informant) _____ | | (Signed) <u>H. O. Pratt, Coroner</u> | |
| (Address) _____ | | <u>July 24</u> 191 <u>8</u> (Address) <u>Globe</u> | |
| PLACE OF BURIAL OR REMOVAL <u>Pima Ariz</u> | DATE OF BURIAL OR REMOVAL <u>July 25</u> 191 <u>8</u> | On death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal. | |
| UNDERTAKER <u>John & Son</u> | ADDRESS <u>Globe Ariz</u> | LENGTH OF RESIDENCE | |
| | | At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds. | |
| | | Former or Usual Residence <u>Wagonville N. M.</u> | |
| | | Filed <u>Jan 25</u> 191 <u>8</u> | |
| | | Local Registrar <u>H. O. Pratt</u> | |
| | | County Registrar <u>H. O. Pratt</u> | |